PTO/SB/17 (10-08)

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	Effective on 12/08/2	Complete if Known							
FEE TRANSMITTAL For FY 2009						07/839,194-Conf. #6108			
				<u> </u>		February 20, 1992			
				The Hames in Gride		Katherine Gordon D. A. Montanari			
Applicant claims small entity status. See 37 CFR 1.27		'	7 tit Stillt		1632 G0744.70042US07				
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket	No.	30744.700420307				
METHOD OF	PAYMENT (check a	all that apply)							
Check X Credit Card Money Order None Other (please identify):									
Deposit Ac	ccount Deposit Account N	lumber: 23/	2825	Deposit	Account Name	: Wolf, Greer	rfield & Sacl	ks, P.C.	
For the	above-identified depo	sit account, the Di	irector is	hereby authorize	ed to: (chec	k all that apply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FIL	ING FEES	SE	ARCH FEES	EXAMIN	IATION FEES			
Application T	ype Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$ <u>)</u>	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL	AIM FEES							mall Entity	
<u>Fee Description</u> Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 52	Fee (\$)	
Each independent claim over 3 (including Reissues)							220	26 110	
Multiple depend				390	195				
				ee Paid (\$)				1,70	
- 20 or HP x =				Fee					
HP = highest num	ber of total claims paid for,	if greater than 20.						_	
		·	Fee Paid (\$)						
	- 3 or HP = nber of independent claims	X =	n 3						
3. APPLICATIO	·	paid for, ii greater trial							
	ation and drawings ex	ceed 100 sheets o	of paper	(excluding electr	onically fil	ed sequence or	computer		
listings und	der 37 CFR 1.52(e)), t	he application siz	e fee du	ie is \$270 (\$135 t					
	raction thereof. See 3:			` `		. F (A)	F D	-:-! (/ /)	
Total Sheet				dditional 50 or fra			<u>Fee Pa</u>	aid (\$)	
100 = /50 = (round up to a whole number) x = _ 4. OTHER FEE(S)								Paid (\$)	
	Specification, \$130	fee (no small ent	tity disc	ount)					
Other (e.g.,	late filing surcharge):	1806 Submissi	on of a	n Information D	isclosure	Statement	180	0.00	
SUBMITTED BY						_			
Signature	/Janice A. Vatland, Ph.D./			Registration No. (Attorney/Agent)	52,318	Telephone	617.646.8000		
Name (Print/Type) Janice A. Vatland, Ph.D.						Date	August 28	, 2009	
						-			

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: August 28, 2009

/Amelia S. Lennon/ Amelia S. Lennon